Outcome Measure	**Self-Awareness of Deficits Interview (SADI)**
Sensitivity to Change	Yes
Population	Adult
How to obtain	Available from the authors
Domain	Measures of Self
Type of Measure	Interviewer rated scale
Time to administer	**20-30 minutes**
Description	The SADI (Fleming, Strong, & Ashton, 1996) is a semi-structured interview, designed for the clinician to assess both quantitative and qualitative aspects of the person's awareness of his or her deficits. There are three sections to the SADI. First, the interviewer questions the patient about knowledge of his or her own impairments, deficits and changes that have occurred since the injury. The second set of questions focus on the awareness of the functional consequences of the impairments (e.g., their impact on work, social relationships). Finally, the interviewer evaluates the correspondence between the patient's level of functioning and his or her future plans, goals and expectations. The SADI is administered as a semi-structured interview. Administration time is approximately 20 to 30 minutes. Each section is scored on a 4-point scale: 0 (equivalent of response representing accurate knowledge, awareness of functional implications, and ability to set reasonably realistic goals), 1 (response indicates some problems/implications; goals somewhat unrealistic), 2 (response comparable to an acknowledgement of problems/implications, but minimizes them, and inability to set goals or they are unrealistic), 3 (response reflects no knowledge of deficits, acknowledgement of functional consequences, or realistic appraisal of the future level of functioning). The total score ranges from 0 to 9, with higher scores indicating greater unawareness.
Properties	See Tate (2010) for full details. *Inter-rater reliability*: total score: ICC = .82 (Fleming et al., 1996) *Test-retest reliability*: 2-4 weeks total score: ICC = .94 (Simmond & Fleming, 2003) Validity: Convergent validity: SADI correlates with Awareness Questionnaire (AQ) r = .62 (Wise, Ownsworth, & Fleming, 2005); Discrepancy index on the DEX: r = .40 (Bogod, Mateer, & MacDonald, 2003) Concurrent validity: predicts severity classification of TBI (mild-moderate vs severe) with 75% sensitivity and 71% specificity (Bogod et al., 2003) The SADI Is sensitive to change, e.g. detected improved awareness pre vs post discharge (Fleming, Winnington, McGillivray, Tatarevic, & Ownsworth, 2006)
Advantages	Most commonly used interview schedule to monitor emergence of self-awareness during hospital transition (Fleming et al., 1998), investigate the etiology of awareness deficits (Ownsworth et al., 2002), and evaluate the efficacy of awareness training (Cheng & Mann, 2006). The interviewer can integrate information provided by the informant (relative or therapist) with their own observations to guide their clinical judgement for scoring. I used the SADI for many years in clinical practice as a part of my standard intake interview. The question format helps build rapport and items have good face validity and it is a client-centred assessment tool. Unlike questionnaires with a set of prescribed items, the interviewer can rephrase questions and provide prompts (general to specific) to elicit self-perceptions. It is common for people to become distressed because you are asking 'the big questions' and focusing on areas of loss and what the future holds.
Disadvantages	The timeframe for administration is around 30-40 mins, which may be ok at the start and end of rehabilitation, but is not feasible for regular administration. The same issues about validity of informant reports apply to the SADI (although may have less impact because the interviewer rates the person's awareness). Verbal skills and retrospective recall are likely to influence self-reported difficulties.

References

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